PRUDENT HEALTHCARE IN NHS WALES SHARED SERVICES

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This report will be of interest to SSAs and SS(PRAC)s, not only for the general learning it conveys from the health sector, but also to those of us operating across the wider spectrum of public service collaborative transformation.

Driven by Public Health Wales and the 1000 Lives Improvement Service, it provides useful insight on two levels.

Firstly, a focus on a collaborative workshop methodology used to ascertain where issues lie, and critically to explore the basis of a range of potential solutions and improvements.

Secondly, the issues highlighted as requiring intervention resonate with a whole range of other public service provision (Local Authorities, Civil Service, Emergency Services, and VCS).

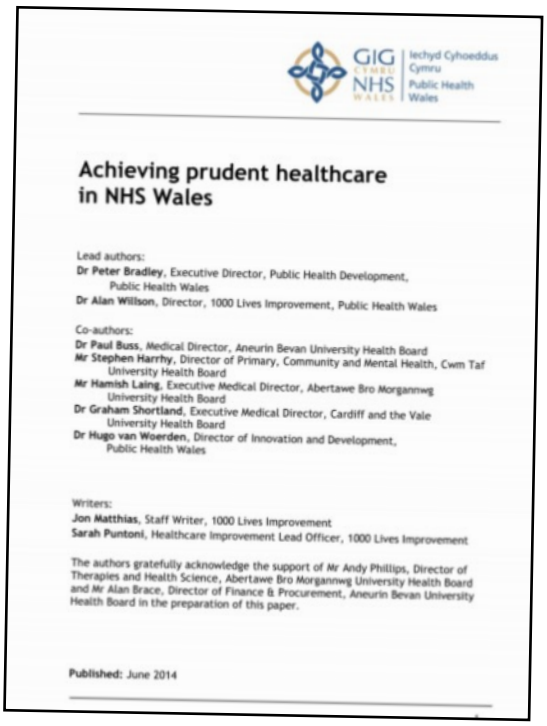
Elements of the analysis and the exploration of improvement options appear adaptable to the SSA and Practitioner's remit.

The reader is taken on a journey through various stages of analysis and dialogue between leaders, managers, clinicians and service recipients.

The unfolding thought processes are reflected, with signposts for you to critique, consider, or adapt to your own business discipline.

The core narrative is usefully augmented with evidence, expert views, enabling parallels to be drawn with other public sector disciplines.

The title misleads slightly as the cost reduction imperative is not the overarching drive; ensuring that the people of Wales receive the best possible care within available resources is.



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Achieving prudent healthcare in NHS Wales

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Prudent healthcare is expressed as the achievement of three objectives:

- do no harm (10% of interventions are associated with some form of harm)
- carry out the minimum appropriate intervention (20% of work done has no effect on outcomes)
- promote equity between professionals and patients (patients do not understand the language of the system)

The reasons uncovered for imprudent healthcare are multi-dimensional, but point chiefly to:

- demand in the system being driven by capacity and not absolute need,
- a focus on processes and procedures in themselves rather than the outcomes they deliver,

- the use of language within the system that patients cannot understand, and situations where care is systemised not person centred.

Reasons for these mismatches are highlighted within the report and provide useful pointers, particularly around the triangulation of purpose and communication between those who hold the resources, and those who deliver the care.

Appreciation of cost at all levels is a priority consideration. The effects of the mismatches are manifested in the 'seven wastes'.

NHS Wales is currently working to reduce or eliminate wasted activities in emergency care; that is, those tasks which add no value to a patient's care.

In lean terms these wasted activities are characterised by:

- **Transport** - moving the patient and their information about,
- **Inventory** - managing stacks of materials or notes, or waiting lists or queues of patients waiting for services,
- **Motion** - staff moving around, often 'hunting and gathering' – looking for information, medicines, equipment,
- **Waiting** - patients, staff, machines waiting for something to happen,
- **Over-processing** - performing tasks that are not required, eg unnecessary tests,
- **Over-producing** - doing too much, eg the history and examination being repeated 3 times by (a) junior doctors in A&E, (b) in an assessment unit and (c) on the main ward after admission,
- **Defects** - tasks where the output is defective in that the downstream customer cannot implement the request, eg incorrectly filled in request forms, or incorrect prescriptions.

This ineffective deployment of resources and capacity, deficient management information, and poor patient outcomes providing the scope for collaborative transformation within and across elements of the healthcare system in Wales is significant.

The adoption of lean working principles is identified as a key improvement priority and, if achieved in a collaborative way, patient flow and outcomes would likely improve to a significant degree.

The report is clear that change is necessary and is being sought, but what that change looks like is not apparently preconceived.

The collaborative approach to diagnosing the core issues and the shared responsibility for bringing forward the solutions can be synergised with the challenges and successes of our work as SSAs and Practitioners.

The opportunities for knowledge transfer make this programme worthy of further investigation, today and in the future.

You can download a copy of the report from the SSA Online Library or by clicking the title below, or searching on the web for
Achieving Prudent Healthcare in NHS Wales